

SERFF Tracking Number:	NWST-126949742	State:	Arkansas
Filing Company:	The Northwestern Mutual Life Insurance Company	State Tracking Number:	47567
Company Tracking Number:	41-0100 (1210)		
TOI:	L08 Life - Other	Sub-TOI:	L08.000 Life - Other
Product Name:	41-0100 (1210)		
Project Name/Number:	41-0100 (1210)/41-0100 (1210)		

Filing at a Glance

Company: The Northwestern Mutual Life Insurance Company

Product Name: 41-0100 (1210)

TOI: L08 Life - Other

Sub-TOI: L08.000 Life - Other

Filing Type: Form

SERFF Tr Num: NWST-126949742 State: Arkansas

SERFF Status: Closed-Approved-
Closed

Co Tr Num: 41-0100 (1210)

Authors: Addie Croeker, Jason
Gross

Date Submitted: 12/22/2010

State Status: Approved-Closed

Reviewer(s): Linda Bird

Disposition Date: 01/05/2011

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

State Filing Description:

Implementation Date:

General Information

Project Name: 41-0100 (1210)

Project Number: 41-0100 (1210)

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Individual Market Type:

Filing Status Changed: 01/05/2011

State Status Changed: 01/05/2011

Created By: Addie Croeker

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Addie Croeker

Filing Description:

We are submitting for your approval the "Importance Notice" form 41-0100 (1210). This form represents the replacement notice requirements in Appendix A of the NAIC Life Insurance and Annuities Replacement Model Regulation, as promulgated in your state. We have revised this form slightly by rewording question 1 for clarity and including Face Amount and Plan Type of the policies or contracts proposed to be replaced.

Since this form follows the NAIC model and are mandated by your state, we believe that this form is exempt from the requirement of providing a Flesch Readability Score.

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If you have any questions or require additional information please feel free to contact me at (414) 665 4549 or e mail me at jasangross@northwesternmutual.com. When sending an e mail, please also cc addiecroeker@northwesternmutual.com.

Jason Gross
Product Compliance Specialist/ac

Company and Contact

Filing Contact Information

Jason Gross, Product Compliance Specialist jasangross@northwesternmutual.com
720 E. Wisconsin Ave. 414-665-4549 [Phone]
Milwaukee, WI 53202 414-665-5006 [FAX]

Filing Company Information

The Northwestern Mutual Life Insurance Company CoCode: 67091 State of Domicile: Wisconsin
720 East Wisconsin Avenue Group Code: 860 Company Type: Life
Rm S845 Group Name: State ID Number:
Milwaukee, WI 53202 FEIN Number: 39-0509570
(414) 271-1444 ext. [Phone]

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: \$50 per application
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Northwestern Mutual Life Insurance Company	\$50.00	12/22/2010	43159878

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<i>Project Name/Number:</i>	<i>41-0100 (1210)/41-0100 (1210)</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	01/05/2011	01/05/2011

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Disposition

Disposition Date: 01/05/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		No
Supporting Document	Application		No
Form	Replacement Notice		Yes

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Form Schedule

Lead Form Number: 41-0100 (1210)

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	41-0100 (1210)	Application/Replacement Notice Enrollment Form	Initial		0.000	AR_41-0100_(1210)[1].pdf

The Northwestern Mutual Life Insurance Company
720 East Wisconsin Avenue, Milwaukee, WI 53202

IMPORTANT NOTICE:
REPLACEMENT OF LIFE INSURANCE OR ANNUITIES FOR PRODUCERS

This document must be signed by the applicant and the producer, if there is one, and a copy left with the applicant.

You are contemplating the purchase of a life insurance policy or annuity contract. In some cases this purchase may involve discontinuing or changing an existing life policy or annuity contract. If so, a replacement is occurring. Financed purchases are also considered replacements.

A replacement occurs when a new policy or contract is purchased and, in connection with the sale, you discontinue making premium payments on the existing policy or contract, or an existing policy or contract is surrendered, forfeited, assigned to the replacing insurer, or otherwise terminated or used in a financed purchase.

A financed purchase occurs when the purchase of a new life insurance policy involves the use of funds obtained by the withdrawal or surrender of or by borrowing some or all of the policy values, including accumulated dividends, of an existing policy to pay all or part of any premium or payment due on the new policy. A financed purchase is a replacement.

You should carefully consider whether a replacement is in your best interest. You will pay acquisition costs and there may be surrender costs deducted from your policy or contract. You may be able to make changes to your existing policy or contract to meet your insurance needs at less cost. A financed purchase will reduce the value of your existing policy and may reduce the amount paid upon the death of the insured.

We want you to understand the effects of replacements before you make your purchase decision and ask that you answer the following questions and consider the questions on the back of this form.

1. Are you planning to or have you completed any of the following: lapse, surrender, partially surrender or forfeit, discontinue making premium payments, assign to the replacing insurer (includes a 1035 exchange), return under a "free look", or terminate your policy or contract in any way? ☐ YES ☐ NO
2. Are you considering using funds from your existing policies or contracts to pay premiums due on the new policy or contract? ☐ YES ☐ NO

If you answered "Yes" to either of the above questions, list each existing policy or contract you are contemplating replacing (include the name of the insurer, the insured or annuitant, and the policy or contract number if available) and whether each policy or contract will be replaced or used as a source of financing:

	INSURER NAME (Company Name)	CONTRACT OR POLICY #	FACE AMOUNT	PLAN TYPE (e.g., Term, Perm, UL, VL, Annuity)	INSURED or ANNUITANT	REPLACED OR FINANCING
1.			\$			<input type="checkbox"/> R <input type="checkbox"/> F
2.			\$			<input type="checkbox"/> R <input type="checkbox"/> F
3.			\$			<input type="checkbox"/> R <input type="checkbox"/> F

Make sure you know the facts. Contact your existing company or its agent for information about the old policy or contract. If you request one, an in-force illustration, policy summary or available disclosure documents must be sent to you by the existing insurer. Ask for and keep all sales material used by the agent in the sales presentation. Be sure you make an informed decision.

(Required) The existing policy or contract is being replaced because: _____

I certify that the responses herein are, to the best of my knowledge, accurate:

_____ SIGNATURE OF APPLICANT	_____ PRINT APPLICANT'S NAME	_____ DATE (MM/DD/YYYY)
_____ SIGNATURE OF PRODUCER	_____ PRINT PRODUCER'S NAME	_____ DATE (MM/DD/YYYY)

I do not want this notice read aloud to me ☐ (Applicants must initial only if they do not want the *Notice* read aloud.)

A replacement may not be in your best interest, or your decision could be a good one. You should make a careful comparison of the costs and benefits of your existing policy or contract and the proposed policy or contract. One way to do this is to ask the company or agent that sold you your existing policy or contract to provide you with information concerning your existing policy or contract. This may include an illustration of how your existing policy or contract is working now and how it would perform in the future based on certain assumptions. Illustrations should not, however, be used as a sole basis to compare policies or contracts. You should discuss the following with your agent to determine whether replacement or financing your purchase makes sense:

PREMIUMS:

- Are they affordable?
- Could they change?
- You're older – are premiums higher for the proposed new policy?
- How long will you have to pay premiums on the new policy? On the old policy?

POLICY VALUES:

- New policies usually take longer to build cash values and to pay dividends.
- Acquisition costs for the old policy may have been paid. You will incur costs for the new one.
- What surrender charges do the policies have?
- What expense and sales charges will you pay on the new policy?
- Does the new policy provide more insurance coverage?

INSURABILITY:

- If your health has changed since you bought your old policy, the new one could cost you more, or you could be turned down.
- You may need a medical exam for a new policy.
- Claims on most new policies for up to the first two years can be denied based on inaccurate statements.
- Suicide limitations may begin anew on the new coverage.

IF YOU ARE KEEPING THE OLD POLICY AS WELL AS THE NEW POLICY:

- How are premiums for both policies being paid?
- How will the premiums on your existing policy be affected?
- Will a loan be deducted from death benefits?
- What values from the old policy are being used to pay premiums?

IF YOU ARE SURRENDERING AN ANNUITY OR INTEREST SENSITIVE LIFE PRODUCT:

- Will you pay surrender charges on your old contract?
- What are the interest rate guarantees for the new contract?
- Have you compared the contract charges or other policy expenses?

OTHER ISSUES TO CONSIDER FOR ALL TRANSACTIONS:

- What are the tax consequences of buying the new policy?
- Is this a tax free exchange? (See your tax advisor.)
- Is there a benefit from favorable "grandfathered" treatment of the old policy under the federal tax code?
- Will the existing insurer be willing to modify the old policy?
- How does the quality and financial stability of the new company compare with your existing company?

LIFE INSURANCE AND ANNUITIES
EXISTING CONTRACT / POLICY

Owner/Annuitant(s) _____
Insurer _____
Contract # _____
Product Type * _____
Product Name _____

REPLACEMENT MEMORANDUM
PROPOSED CONTRACT / POLICY

Owner/Annuitant(s) _____
Insurer _____
Application # _____
Product Type * _____
Product Name _____

FOR BOTH LIFE INSURANCE AND ANNUITIES
(Complete all that is applicable)

CONTRACT OR POLICY PROVISION	EXISTING CONTRACT / POLICY	REPLACEMENT CONTRACT / POLICY
Current Proposed Premium / Annual Consideration	\$	\$
Current Contract Value	\$	\$
Current Surrender Value	\$	\$
Death Benefit Amount	\$	\$
Current Interest Rate & Guarantee Period		
Guaranteed Minimum Accumulation/Interest Rate		
Surrender Charge Period in Years/Charge Percentage Per Year/Years Remaining		
Are free withdrawals available? If yes, what percentage? List options.		
Other significant policy or contract provisions		

FOR ANNUITIES ONLY
(Complete all that is applicable)

CONTRACT PROVISION	EXISTING CONTRACT / POLICY	REPLACEMENT CONTRACT / POLICY
Initial Bonus Percentage or Amount		
Potential Loss of Bonus if Annuity is Exchanged, Surrendered or Funds Withdrawn		
Sub-Account Choices		
Guaranteed Purchase/Settlement Options		

I have received a copy of this completed form.

SIGNATURE OF OWNER/ANNUITANT

DATE (MM/DD/YYYY)

SIGNATURE OF JOINT OWNER/ANNUITANT

DATE (MM/DD/YYYY)

I certify that the above provisions, and any other significant provisions, of the existing policy or contract and the proposed policy or contract were discussed with the applicant(s).

SIGNATURE OF PRODUCER

DATE (MM/DD/YYYY)

* Deferred Fixed Annuity, Deferred Variable Annuity, Deferred Indexed Fixed Annuity, Immediate Annuity, Indexed Life Insurance, Variable Life Insurance, Whole Life Insurance, Universal Life Insurance, Term Life Insurance and Endowment.